

# Claims Clues

A Publication of the AHCCCS Claims Department

May, 1999

## Electronic Remittance Available Soon

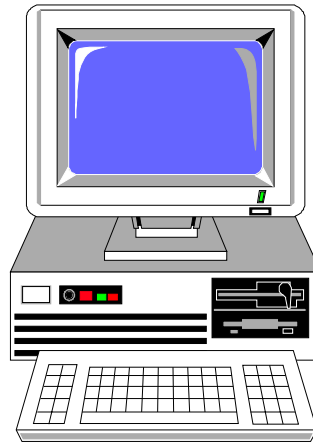
The AHCCCS Administration anticipates making the Fee-for-Service Remittance Advice available to providers in an electronic format by late summer.

The Remittance Advice will be transmitted to providers via the Internet to the provider's electronic mail (email) address. The Remittance Advice will be a file attachment to an email, and it will retain its current content. Providers will be informed of file specifications at a later date.

Electronic transmission of the Remittance Advice does **not** include electronic deposit of

reimbursement checks. Reimbursement checks will continue to be mailed to the provider's pay-to address.

Providers must authorize the electronic Remittance Advice



transmission in writing. The authorization form, which is being developed, must be signed by the provider or the provider's designated agent.

Providers who opt for the electronic Remittance Advice will no longer receive a paper copy of the document.

Future issues of *Claims Clues* will provide more details about the electronic Remittance Advice as well as a copy of the authorization form.

The AHCCCS Administration anticipates making the electronic Remittance Advice available to providers by August 1. □

## DHS KidsCare Coverage Differs from Other Plans

The service package for KidsCare recipients who receive services through the Arizona Department of Health Services (ADHS) Direct Services program differs from the coverage provided by other KidsCare contractors.

The Direct Services coverage package excludes behavioral health, emergency room, and emergency transportation benefits. The coverage does include non-emergency transportation.

KidsCare Services are provided through AHCCCS-contracted health plans, through the state employee health maintenance organizations who elect to participate in the program, and the ADHS Direct Services program. Native American KidsCare

recipients may also elect to receive services through Indian Health Service (IHS) or tribal facilities.

ADHS Direct Services are provided in community-based facilities or hospitals contracted with the department. Arizona Department of Health Services. The Direct Services program arranges to provide or deliver medical care through the employment of doctor, nurses, health care technicians, and other

medical staff.

There are no Direct Service providers in Apache, Cochise, Gila, Graham, La Paz, Mohave, Navajo, and Yavapai counties.

KidsCare recipients who have elected to receive services through the Direct Services program are identified by Contract Type W (ADHS Direct Services KidsCare, No Payment) when providers verify eligibility and enrollment. Claims for these recipients must be sent to ADHS. □



## Provider File Changes Require Authorized Signature

All requests to change provider information on file at AHCCCS must be submitted in writing on the provider's letterhead and signed by the provider or the provider's authorized agent.

The name of the authorized signer must be on file with the

AHCCCS Provider Registration Unit. Change requests submitted by someone not authorized by the provider cannot be accepted.

Changes that must be reported include, but are not limited to, changes affecting licensure/certification, change of address (correspondence, service, and/or

pay-to), name changes, change of group billing arrangements, and change of ownership.

Failure to report changes to information on file may result in misdirected payments and correspondence, termination of provider status, and/or recoupment of payment. □

## Packet Offers Information on Electronic Claims

The AHCCCS Electronic Claims Submission Unit has prepared an information packet to assist providers who want to submit claims electronically to the AHCCCS Administration.

The package contains information on record layout, testing requirements, and other aspects of the electronic claims submission process. Providers may obtain an information packet by

contacting the Electronic Claims Submission Unit at (602) 417-4242 or (602) 417-4706.

AHCCCS accepts HCFA 1500 and UB-92 claims submitted electronically. Providers may submit claims directly to AHCCCS or use a clearinghouse that submits claims on behalf of many providers.

Providers who use a clearinghouse must still meet the 9- and 12-month claim submission time

frames. There is no charge for claims submitted directly to AHCCCS. Clearinghouses may charge for their services.

Claims must be submitted between 6:00 a.m. and 6:00 p.m. Monday through Friday. All completed transmissions will be loaded into the AHCCCS system that day. However, if a transmission is not completed by 6:00 p.m., it will not be accepted. □

## New Ambulatory Van Rates Established

The AHCCCS Administration has established urban and rural base rates for ambulatory vans, effective with claims for dates of service on and after April 1, 1999.

AHCCCS also has revised the urban and rural mileage rates for ambulatory vans. These rates also are effective April 1, 1999.

The new base rate codes and capped fees are:

- Z3621 - Ambulatory Van, Urban Base Rate, \$6.00
- Z3648 - Ambulatory Van, Rural Base Rate, \$6.90



The new mileage rates are:

- Z3620 - Urban Non-emergency Transport Coach Van (per mile), \$1.10
- Z3643 - Rural Non-emergency Transport Coach Van (per mile), \$1.27

Urban transports are those that originate within the Phoenix and Tucson metropolitan areas. □

## Methadone Billing Limited to 4 Provider Types

AHCCCS policy allows only four provider types to bill for methadone administration.

Effective with dates of service on and after October 1, 1998, provider types 08 (MD-physician), 18 (Physician assistant), 19 (Registered nurse practitioner),

and 31 (DO-physician osteopath) may bill the AHCCCS Administration and its contracted health plans and program contractors for methadone administration.

In addition, these provider types must have category of service 47 – mental health.

Claims for methadone

administration from other provider types will be denied.

There are two AHCCCS-specific codes for methadone administration:

- W2101 - Methadone Administration (Single Dose)
- W2102 - Methadone Administration (Take Home) □